

State of California
**Application for Milk Handler's
License Renewal - Distributor**

Department of Food and Agriculture
Dairy Marketing Branch
1220 N Street, Room A-224
P. O. Box 942871
Sacramento, California 94271-0001
(916) 654-1456/ Fax: (916) 654-0867
email: dairy@cdfa.ca.gov

The undersigned hereby applies for a license pursuant to Chapter 2, Part 3, Division 21; or Chapter 1, Part 3, Division 21 of the Food and Agricultural Code.

Two year License Fee \$25.00
FOR THE PERIOD ENDING DECEMBER 31,
PENALTY FEE OF \$25.00 IF NOT POSTMARKED BY DECEMBER 31,

PLEASE PRINT OR TYPE

1. DATE BUSINESS STARTED OPERATION	TELEPHONE NUMBER ()	FAX NUMBER ()	E-MAIL ADDRESS
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2. BUSINESS NAME OF APPLICANT

3. BUSINESS LOCATION ADDRESS	ZIP CODE
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4. BUSINESS MAILING ADDRESS	ZIP CODE
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5. CHECK APPROPRIATE BOX

INDIVIDUAL

PARTNERSHIP

CORPORATION

6. INDIVIDUAL, MEMBER OF PARTNERSHIP, OR OFFICERS OF CORPORATIONS MUST ANSWER THE FOLLOWING:

NAME AND TITLE	ADDRESS	PHONE NUMBER

7. If a Corporation, list names and address of persons holding more than 25% of the stock on a separate sheet.

7a. STATE INCORPORATED	7b. CORPORATE NO.	7c. DATE INCORPORATED	7d. LIST NAME AND ADDRESS OF PERSON IN CALIFORNIA AUTHORIZED TO ACCEPT SERVICE OF SUMMONS
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8. Who is your supplier(s)? (Give name, address, and phone number) _____

9. Sales are made to: **RETAIL STORES** _____ **WHOLESALE CUSTOMERS** _____ **HOME DELIVERY** _____

10. Do you purchase any bulk milk? **YES** _____ **FROM WHOM:** _____ **NO** _____

APPLICATION MUST BE SIGNED BY THE INDIVIDUAL, BY A MEMBER OF THE PARTNERSHIP, OR OFFICER OF A CORPORATION UNDER PENALTY OF PERJURY.

SIGNATURE OF APPLICANT	PRINT NAME	TITLE	DATE
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ANSWER ALL QUESTIONS APPLICABLE TO YOUR BUSINESS ON THE REVERSE SIDE

NOTE: INFORMATION BELOW MUST BE COMPLETED UNDER PENALTY OF PERJURY

IMPORTANT

11. HAVE YOU OR ANY MEMBER OF THE PARTNERSHIP OR OFFICER OF THE CORPORATION EVER:

BEEN DENIED OR REFUSED A LICENSE	YES	NO	11b. HAVE YOU OR ANY MEMBER OF THE PARTNERSHIP OR THE CORPORATION FAILED TO PAY CALIFORNIA MILK PRODUCERS?	YES	NO
HAD A LICENSE REVOKED OR SUSPENDED	YES	NO			
HAD YOUR LICENSE PLACED ON PROBATION	YES	NO			
HAD PAYMENT MADE FROM A SURETY BOND	YES	NO			
11a. HAVE YOU OR ANY MEMBER OF THE PARTNERSHIP OR OFFICER OF THE CORPORATION EVER BEEN CONVICTED OF A FELONY?	YES	NO	11c. IF SO, DO YOU STILL OWE PAYMENTS TO CALIFORNIA MILK PRODUCERS?	YES	NO

IF ANY OF THE ABOVE BOXES ARE CHECKED "YES", EXPLAIN FULLY ON A SEPARATE SHEET.

The Department of Food and Agriculture has established time periods for the processing of permit applications, in compliance with Government Code sections 15374 - 15378. Failure to comply with these time periods may be appealed to the Secretary of Food and Agriculture, 1220 N Street, P. O. Box 942871, Sacramento, CA 94271-0001, pursuant to regulations set forth in Title 3, California Code of Regulations, section 301. Under certain circumstances, the Secretary may order that the applicant receive a reimbursement of filing fees.

ATTACH CHECK TO COMPLETED APPLICATION AND RETURN TO:

CASHIER, DEPARTMENT OF FOOD & AGRICULTURE
P. O. BOX 942872
SACRAMENTO, CA 94271-0001
DO NOT SEND COIN OR CURRENCY

FOR DEPARTMENT USE ONLY

RC: _____
AMOUNT: _____
LICENSE FEE: _____
RC: _____
AMOUNT: _____

DATE: _____
LN: _____
PENALTY: _____
DATE: _____
LN: _____

